



## Connection Pointe Christian Academy

888 East-West Connector  
Austell, GA 30106  
Phone: 770-803-6475 Fax: 770-432-1050  
Teresa Sigman, Director

### Authorization to Release Student Information

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Name of Previous School

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Address

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City

State

Zip

Please forward all academic, behavior, and medical records on the following students:

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Student Name

Date of Birth (mm/dd/yyyy)

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Student Name

Date of Birth (mm/dd/yyyy)

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Student Name

Date of Birth (mm/dd/yyyy)

Mail all records to:

**Connection Pointe Christian Academy**  
**888 East-West Connector SW**  
**Austell, GA 30106**

I, the undersigned, understand that the student's enrollment is conditional, pending the receipt of *all* requested records. Further, I understand that if information received certifies that the student is currently suspended or expelled, or has been convicted of a felony, any and all agreements made by me and Connection Pointe Christian Academy are void, and that the student will be dismissed from this and other regular units of the school system.

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Parent/Guardian Signature

Date

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Relationship to Student